

Application for Certified Copy of Death Certificate  
Decatur County Department of Health  
**Vital Records Section**

801 N Lincoln Street  
Greensburg, IN 47240

(812) 663-8301

E-mail: [Vitalrecords@decaturcounty.in.gov](mailto:Vitalrecords@decaturcounty.in.gov)

Date \_\_\_\_\_

Name of Deceased \_\_\_\_\_

Date of Death \_\_\_\_\_

Place of Death (City) \_\_\_\_\_ (County) \_\_\_\_\_ Indiana

Your Relationship To The Person Named On This Record \_\_\_\_\_

Purpose For Which The Record Is To Be Used \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number (\_\_\_\_\_) \_\_\_\_\_

There is a \$ 6.00 search fee for each certificate.

If requesting by mail, please enclose \$ 6.00 for each certificate ordered plus a self-addressed, stamped envelope. Please enclose a copy of your signature I.D.